

KING COUNTY DEPARTMENT OF ASSESSMENTS
500 4TH AVENUE ROOM 807
SEATTLE, WA 98104-2384

ADVANCE TAX REQUEST FORM

Please provide the information requested on this form in spaces below. A separate form should be completed for each account for which a tax statement is required. Completed requests should be mailed to the above address. **Attach appropriate bill of sale showing breakdown of sales price (i.e., equipment, inventory, intangibles, etc.) with related dollar values.** **PLEASE FAX YOUR REQUEST TO 296-0107**

REQUESTOR INFORMATION			
COMPANY NAME:		TELEPHONE:	
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:

PERSONAL PROPERTY INFORMATION			
ACCOUNT NUMBER:		MAILING NAME:	
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
LOCATION NAME:	TELEPHONE:		
LOCATION ADDRESS:	CITY:	STATE:	ZIP CODE:

ADVANCE TAX REQUEST INFORMATION			
ADVANCE TAX REQUESTED AS A RESULT OF: <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Auction <input type="checkbox"/> Closing Business <input type="checkbox"/> Sale of Business (Please provide new owner information below.) <input type="checkbox"/> Other (Please provide a brief explanation): _____ _____ —			
NEW OWNER'S NAME		TELEPHONE:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
NEW LOCATION NAME & ADDRESS:			

CLOSING DATE:	TOTAL SALE PRICE: \$	EQUIP. SALE PRICE: \$	LEASEHOLD IMP \$	INTANGIBLES \$	OTHER \$
---------------	-------------------------	--------------------------	---------------------	-------------------	-------------

DOA Form 99 (Rev. 7/99)